Reviewer's report

Title: Improving adherence to ante-retroviral treatment for people with harmful alcohol use in Kariobangi, Kenya: a PRA approach

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Reviewer: Antoine Jaquet

Reviewer's report:

As the authors correctly point out, alcohol use in persons living with HIV/AIDS (PLWA) has specific public health challenges as it has been associated with a higher risk of HIV transmission through high risk sexual behaviors and non-adherence to antiretroviral treatment. Interventions to reduce alcohol use in this particular context are thus particularly relevant, especially in sub-Saharan Africa which supports the main part of the HIV epidemic. However, this present work suffers from the following major limitations:

Major Compulsory Revisions

Background/Objectives

1) In the present report, authors stated six objectives within one single study design. The multiplicity of research questions does not support the clarity of the manuscript. Authors should focus on a limited number of objectives adapted to the study population and method they have chosen.

2) In their first research objective, authors intended to “identify perceived and reported rates of alcohol abuse amongst people taking ARVs at primary health care facilities in the area”. The effective study population used in the present report does not allow them to measure rates of alcohol use in their targeted population. The convenience sample recruited here include patients already suspected to be heavy alcohol users and thus, does not represent ‘PLWA taking ARVs’.

3) The two last objectives should be more considered as “expectations” of the present work instead of research questions

Methods

4) Although Participatory Research and Action (PRA) might be familiar to authors, this method should be clearly explained in the first part of the method section prior to the ethical consideration.

5) The different types of groups included in the presented study are not clearly described in this section. Stating the total number of patients in the method section is not appropriate. This result should be part of the result section. At least, if authors present the distribution of inclusions, a more detailed description should be provided with absolute numbers and their respective percentages into
brackets. Authors provided numbers of people attending the first and third meeting but not for the second and fourth meetings, why? In general, the study population(s) is (are) not clearly presented.

6) The terms “Marketplace” and “Spider diagram” should be clearly explained or at least references should be added for readers not familiar with these procedures.

7) “baseline perceptions and adherence” to what? “5 point rating scale” what kind of scale, is it a scale previously tested and used prior to the present study? In order to ensure reproducibility of the present measure within the present study during follow up and with other studies, a standardized scale should be use. If not, produce justification for the use of this particular scale. Additionally, the use of a common scale to assess both PLWA and health care providers might not be appropriate as we do not expect to same level and the same kind of knowledge.

8) “Other parameters indicating compliance were recorded”. The sentence is confusing. Please indicate a clear definition of compliance.

9) “Compliance and adherence to ARV treatment were rated using a purpose designed questionnaire. The number of missed appointments during the preceding month was recorded as well as the number of times the subject had missed taking medication or engaged in unprotected sex and other risky behavior”

There is no clear definition of the measured parameters: How, adherence was defined? is it the percentage of missed medication during the past month?

How clinic attendance was assessed, did you use a standardized definition of ‘good’ or ‘poor’ attendance? Again, to ensure reproducibility of these measures, a clear definition of your measured variables must be provided.

10) Statistical analysis: “The behavior before and after intervention were compared”

How did you objectively compare the measured variables?

Results

11) In this section, there is a lack of objective results, for example: “The majority of the PLWHA included in the study were socially disadvantaged, unemployed, and with low education” How did you define these socio-demographic variables, how many patients were socially disadvantaged, unemployed, and with low education?

12) “Health workers and community members also recognised the problems that PLWHA who use alcohol faced, but rated these differently”. This sentence is not clear. Please reformulate.

13) “Only 41 of the 67 PLWHA that had been involved in the prior PRA process were available at the final meeting, although this was significantly more than the 10 who responded to the initial baseline assessment” How can authors say that it
is significantly more than 10, please provide comparisons results.

14) “The differences however were not statistically significant. Overall the differences were not statistically significant using the paired t-test: t = - 0.277; df = 21; significance (2 tailed) = 0.784; 95% C I = - 0.386 – 0.296”

This is a confusing sentence: Which differences were not statistically significant? The type of statistical tests should not be presented in the result section but in the method section. Then you should only provide the result of the test in the result section (p of significance).

15) Table 2: Column 3 and 4, ‘Cases of alcohol related problems documented past 6 months’ and ‘Definite clinical diagnosis of alcohol disorder recorded’

It is not clear from the method section how these two variables were defined. Please provide more details on how this information was collected.

16) Table 4: providing a table for comparing two AUDIT score is not adapted. If this is the only information to be reported it should be presented in the text and compared with an appropriate test. Moreover, providing both mean and median is also not necessary. If the AUDIT score is normally distributed with sufficient number of observations, the mean is an appropriate measure (with its standard deviation). If it is not normally distributed, use the median and its range or interquartile range.

Minor Essential Revisions

17) The use of abbreviations such as ‘PRA’ is not appropriate in a title as this method might not be familiar to the journal readers. In the abstract, the terms PRA is not defined the first time it appears in the text. The term PHC is not defined at all. 

Introduction section

18) Many statements presented in this present report are not supported by references. Here are a few examples from the Introduction section:

“There is a high prevalence of HIV in Kenya, the majority of which is due to sexual transmission”

“Although an estimated 70% of females and 45% of males in east and southern Africa (ESA) abstain from alcohol, the region had the highest consumption of alcohol per drinker globally”

19) Avoid redundant sentences

“Hazardous alcohol use may undermine adherence to treatment”

“Alcohol consumption has been shown to contribute significantly to non-adherence to antiretroviral”

20) The abbreviation ‘CBT’ has not been previously defined in the manuscript.

21) ‘PRA also known as PAR’, each abbreviations should be clearly defined the
first time they appear in the text.

Discretionary Revisions

22) Page 4, line 5: ‘Alcohol consumption has been shown to contribute significantly to non-adherence to antiretroviral and anti-tuberculosis (TB) treatment in studies both from Africa and high income countries (Cook et al., 2001). Please provide more recent references on alcohol use and non-adherence to ART in sub-Saharan Africa: (Jaquet et al, Addiction. 2010, Marcellin et al, Trop Med Int Health 2008).

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests